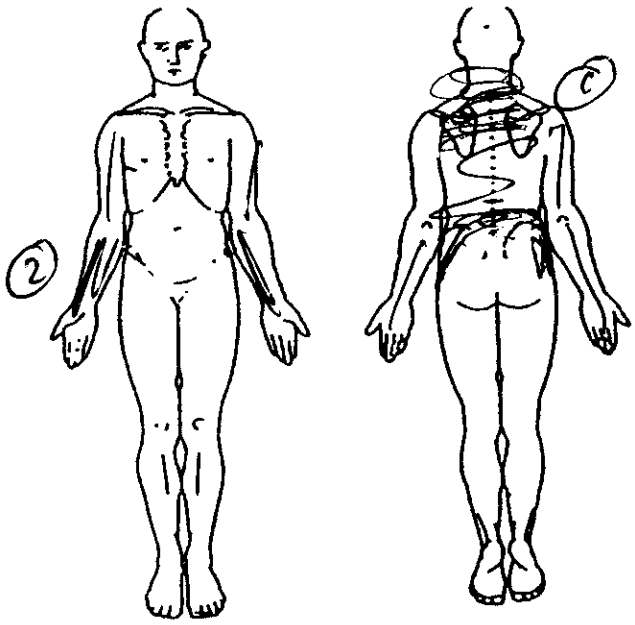
TARRENGOWER REMEDIAL MASSAGE

Date 25/10/23
Initial Consultation Form

Name: ~~K~~ ELAINE JONES



Indicate site or pain and referral area

Site of restriction

Location of pain/restriction/other:
① Cx
② Forearms

Onset - Initial *(when/how it first began)*: ② Chronic (acute on chronic) ① Acute
Now *(current presentation)*: ① Neck Stiff

Other Symptoms: No headaches
Type of Pain: ② Numbness in forearms & hands. ① Stiff back
Referral Pain: None indicated
What aggravates the pain? Shoveling, carrying child

Degree of Pain (0-10): 8 (worst) Irritability Level: Low ____ Med ____ High
What Offsets / Alleviates the Pain? Rest, sports cream.

Past Treatments & Results: Chiropractic, Massage

Special Questions *(may also be specific to region)*: ① Worse in morning
② arm ~~has~~ wakes up @ night

OBJECTIVE EXAMINATION - **Body Type:** Hypomobile 0-1 ✓ Average 2-4 ( ) Hypermobile 5-9 ( )

Observation

Posterior view	Anterior view	Lateral view
R scap ↑ ACG = L3 R4 - PSIS Pes Planus	Cx Tilt ② ASIS Clav ✓ ② Shld. IR	Thrust LM → APT = 1.5

Motion Tests

Active *(P1, S1, PB)*	Passive *(P1, S1, R1)*
Lx Flex 15cm ↑ ankle S @ Gastroc G Rotn L 60° P @ Post Scalene R 40° PB Cx Lat Flex L ~~20°~~ PB R 45 PB	
Resisted	**Functional/Special Tests** Scap offload

Palpatory Assessment:

Clinical Impression: _____

Treatment	Reassessment
MFTT ilio costalis, longissimus, semi spinalis, Lev Scap, U/T Lat Dorsi, FCRL, FCRB, ECRL, ECRB, Pronator Teres DIP MT, P FCRL, ECRL, Pronator Teres	Cx Rotn L 75° PB R 90° PB Cx Lat Flex L 45° PB R 45° PB

Corrective Exercises

Exercise	Sets	Reps	Other Advice
Cx Stretch		2	2
Lev Scap		2	2
Wrist Flex & Ext		2	2

Postural Improvements: _____

Median Nerve glides

Treatment Goals / Management Plan: 3 weeks (booked)